## Case 18-16946-elf Doc 36 Filed 05/20/19 Entered 05/20/19 23:41:46 Desc Main Document Page 1 of 2

Fill in this information to identify your case:							
Debtor 1	Kevin	M.	Perkins				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Eastern District of Pennsylvania							
Case number	18 - 16946 ELF						
(If known)							

Check if this is:

- ☑ An amended filing
- A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

4. Calculate gross income. Add line 2 + line 3.

1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employed		<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>				
	Include part-time, seasonal, or self-employed work.		Municipal Guard		Security Specialist (2nd job)				
	Occupation may include student or homemaker, if it applies.	Occupation							
		Employer's name	City of Philadelphia		Allied Universal				
		Employer's address	10199 Bustleton Avenue		18th & Market , 10th FL				
			Number Street						
			Philadelphia,		PA	19116	Philadelphia,	PA	19102
			City State ZIP Code		City	State Z	IP Code		
How long employed there? 21 years									
Part 2: Give Details About Monthly Income									
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.									
	If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.								
					For D	ebtor 1	For Debtor 2 or non-filing spouse		
<ol><li>List monthly gross wages, salary, and commissions (before all deductions). If not paid monthly, calculate what the monthly wage w</li></ol>				2.	\$2,8	327.00	\$1,925.00		
3	Estimate and list monthly over	time pay.		3.	+\$		+ \$		
								1	

2,827.00

Debtor 1

Kevin M. Perkins
First Name Middle Name Last Name

Case number (if known) 18 - 16946 ELF

			Foi	r Debtor 1		btor 2 or ing spouse		
	Copy line 4 here	→ 4.	\$_	2,827.00	\$	1,925.00		
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	824.00	\$	430.00		
	5b. Mandatory contributions for retirement plans	5b.	\$	98.00	· ·			
	5c. Voluntary contributions for retirement plans	5c.	\$		\$			
	5d. Required repayments of retirement fund loans	5d.	\$		\$			
	5e. Insurance	5e.	\$	100.00	\$			
	5f. Domestic support obligations	5f.	\$		\$			
	•		\$	56.00	\$			
	5g. <b>Union dues</b> 5h. <b>Other deductions.</b> Specify: <u>defered comp loan</u>	5g.	. '	194.00	+ \$			
	on. Other deductions. Specify. deferred comprisant	5h.	+\$_		+ \$			
6.	6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	- 5h. 6.	\$	1,272.00	\$	430.00		
7.	7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,555.00	\$	1,495.00		
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	-168.00	\$			
	8b. Interest and dividends	8b.	\$		\$			
	8c. Family support payments that you, a non-filing spouse, or a deperegularly receive	endent						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	e 8c.	\$		\$			
	8d. Unemployment compensation	8d.	\$		\$			
	8e. Social Security	8e.	\$	· · · · · · · · · · · · · · · · · · ·	\$			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assi that you receive, such as food stamps (benefits under the Supplement Nutrition Assistance Program) or housing subsidies.  Specify:		\$		\$			
	8g. Pension or retirement income	8g.	\$	132.00	\$			
		· ·	<b>↓</b> _	<del></del>	± a			
	8h. Other monthly income. Specify:		+ \$_		+\$			
9.	o. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$		\$			
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1,519.00	+ \$	1,495.00	<b>=</b> \$	3,014.00
11.	State all other regular contributions to the expenses that you list in Sol Include contributions from an unmarried partner, members of your household friends or relatives.			ents, your roo	ommates, ar	nd other		
	Do not include any amounts already included in lines 2-10 or amounts that	are not av	/ailable	e to pay expe	nses listed i			
	Specify:					11. '	+ \$	
12.	2. Add the amount in the last column of line 10 to the amount in line 11.  Write that amount on the Summary of Your Assets and Liabilities and Certain				•	ne. 12.	\$ Co:	3,014.00
13	3. Do you expect an increase or decrease within the year after you file t  √ No.	this form?	,					nthly income
	✓ No.  ☐ Yes. Explain:							
	•							